

8165

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
1. PLACE OF DEATH		BUREAU OF VITAL STATISTICS	
COUNTY	Yuma	STATE	ARIZONA
TOWNSHIP	Yuma	OR VILLAGE	Yuma General Hospital
CITY	Yuma	NO.	228
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		WARD	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED	YRS. 9 MOS. DS.	HOW LONG IN U. S. IF OF FOREIGN BIRTH?	YRS. MOS. DS.
2. FULL NAME	Lloyd Harkey	HOW LONG IN STATE WHEN DEATH OCCURRED?	YRS. MOS. DS.
(A) RESIDENCE: NO.	Yuma, Arizona	ST.	WARD.
(USUAL PLACE OF ABODE)		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	Male	4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)		Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (WRITE NAME)			
Lottie Harkey			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
Aug. 27, 1907			
7. AGE	YEARS	MONTHS	DAYS
30	3	15	IF LESS THAN 1 DAY, HRS. OR MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			
Foreman of construction			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
Bryant 2990			
10. DATE DECEASED (MONTH AND YEAR)			
12/12/37			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
10			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)			
Tupelo, Miss.			
13. NAME			
J.W. Harkey			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)			
Alabama			
15. MAIDEN NAME			
O xana Beihue			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)			
Miss.			
17. INFORMANT (NAME AND ADDRESS)			
Mrs. Lottie Harkey, Yuma, Arizona			
18. PLACE OF DEATH (CITY OR TOWN AND STATE)			
Yuma, Arizona			
19. EMBALMER (NAME AND ADDRESS)			
The Yuma Mortuary, Yuma, Arizona			
20. FILED (DATE AND SIGNATURE)			
Dec. 15, 1937, Mary A. Wupperman			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (MONTH, DAY, AND YEAR)			
Dec. 12, 1937			
22. I HEREBY CERTIFY, THAT ATTENDED DECEASED FROM			
Dec 7, 1937, TO Dec 12, 1937			
I LAST SAW HIM ALIVE ON Dec 12, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
Tuber Pneumonia			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
NAME OF OPERATION			
none			
DATE OF TEST			
CONFIRMED DIAGNOSIS?			
WAS THERE AN AUTOPSY?			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:			
ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19			
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
MANNER OF INJURY			
NATURE OF INJURY			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?			
NO			
IF SO, SPECIFY (SIGNED) (ADDRESS)			
Charles F. Williams, Yuma, Arizona			